

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input checked="" type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Hillary for America

A. Full Name (Last, First, Middle Initial)

Larry Bice

Mailing Address 5621 Willow Lake Rd

City

Chesapeake

State

VA

Zip Code

23321-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Transaction ID : C10419953

Date of Receipt

08

28

2016

Amount of Each Receipt this Period

10.00

☒ Memo Item

* Hillary Victory Fund

B. Full Name (Last, First, Middle Initial)

Carmen French

Mailing Address 675 Beachland Blvd

City

Vero Beach

State

FL

Zip Code

32963-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Graphic/Interior Designer

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Transaction ID : C10430073

Date of Receipt

08

29

2016

Amount of Each Receipt this Period

50.00

☒ Memo Item

* Hillary Victory Fund

C. Full Name (Last, First, Middle Initial)

Patrick Kenny

Mailing Address 252 S State St

City

Newtown

State

PA

Zip Code

18940-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer

DeSales University

Occupation

Registered Nurse

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

766.00

Transaction ID : C10414593

Date of Receipt

08

27

2016

Amount of Each Receipt this Period

25.00

☒ Memo Item

* Hillary Victory Fund

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only)